

Macomb County Health Department

Notice of Health Information Practices



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Your protected health information may be used or disclosed by the Department and others involved in your care and treatment for purposes of providing health care services to you. The following are examples of the types of uses and disclosures of your protected health information that the Department is permitted to make.

Treatment / Payment / Health Care Operations

- ◆ To provide, coordinate and manage your health care and related services provided by the Department.
- ◆ As needed to obtain payment for health care services. This may include activities by your health insurance company.
- ◆ In order to support the business activities of the Department.
- ◆ To provide you with information about treatment alternatives or other health related benefits and services that might be of interest to you.

Other Required Uses and Disclosures

- ◆ You have the opportunity to agree or object to the use or disclosure of all your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, the Department will use its professional judgement to make those disclosures which it deems to be in your best interest.
- ◆ Unless you object, the Department may disclose to a member of your family, relative, close friend or any other person you identify protected health information that directly relates to that person's involvement in your health care.

Emergencies

- ◆ The Department may disclose or use your protected health information in emergency treatment situations.

Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization unless otherwise permitted or required by law as described below. You may revoke this authorization at any time in writing, except to the extent the Department has taken action in reliance upon your authorization.

Communication Barrier

- ◆ The Department may use and disclose protected health information if it believes it has attempted to obtain an Authorization from you but it is unable to do so due to substantial communication barriers and the Department has determined, using professional judgement, that you intend to agree to the use or disclosure under the circumstances.

OTHER PERMITTED AND REQUIRED USES THAT MAY BE MADE WITHOUT YOUR AGREEMENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT.

The Department may **use or disclose** protected health information in the following situations without an authorization. These situations include.

- ◆ **Required / authorized by law** – disclose protected health information to the extent that the use or disclosure is required / authorized by law.

- ◆ **Public Health** – disclose protected health information to public health authorities that are permitted by law to collect and receive such information. MCIR – Demographic and immunization data, including vaccine and date received, for your child to be entered into the Michigan Childhood Immunization Registry. Disclose hearing and vision screening information to schools.
- ◆ **Communicable disease** – disclose protected health information as authorized by law to persons who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- ◆ **Abuse or neglect** – disclose protected health information to a public health authority that is authorized by law to receive reports of actual or suspected abuse or neglect.
- ◆ **Coroners, medical examiners, and funeral directors** – disclose protected health information to coroners and medical examiners for notification purposes or determining cause of death.
- ◆ **Criminal activity** – disclose protected health information if it believes that the use or disclosure is necessary to prevent or lessen the seriousness of an imminent threat to health and safety of a person of the public.
- ◆ **Military activity / national security** – disclose protected health information of individuals who are armed forces personnel which are deemed necessary by appropriate military authorities.
- ◆ **Workers compensation** – disclose protected health information for purposes of complying with Michigan Workers' Compensation laws.
- ◆ **Law enforcement**

Rights with Respect to Personal Health Information

Upon your request, the Department will assist you in accessing the following personal health information activities.

- ◆ You have the right to inspect or copy your protected health information.
- ◆ You have the right to have an accounting of any disclosures made by the Department after April 14, 2003. Disclosures made for the purpose of treatment, payment and healthcare operations are not required to be kept in a log by the Department.
- ◆ You have the right to request a restriction on the disclosure or use of your protected health information.
- ◆ The Department is not required to agree to the restriction that you request. If the Department believes it is not in your best interest to limit the disclosure of your protected health information or disagrees with your request, your protected health information will not be restricted. If the Department does agree with the requested restriction, the Department will not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.
- ◆ The right to amend your records means you may request the protected health information about yourself in a designated record be modified and/or changed.

Complaints

If you believe that your privacy rights have been violated, you may call us or write to us.

Macomb County Health Department

43525 Elizabeth Road

Mt. Clemens, MI. 48043

Phone (586) 469-5235

The Department will not retaliate against any person(s) who makes a complaint under this Policy.

If you believe your rights have been violated, you have the right to file a complaint with the federal government.

Office of Civil Rights

Dept. of Health and Human Services

200 Independence Avenue, S.W.

Washington, D. C. 20201

Phone: (866) 627-7748

Macomb County Health Department Notice of Health Information Practices

I have received a copy of Macomb County Health Department's Notice of Health Information Practices. I understand that my acknowledgement of the Notice is evidenced by my signature on this document.

The Department is required to abide by the terms of this privacy notice. The Department may change the terms of its notice at any time. The new notice will be effective for all protected health information that it maintains at that time. Upon my request, the Department will provide me with the revised notice of privacy practices.

Dated: _____

Signature of Client or Personal Representative

Name of Client or Personal Representative

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Received Notice of Health Information Practices, refused written acknowledgement

This notice was published by the Macomb County Health Department on _____, 2003 and became effective on April 14, 2003.